

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101089551

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4			1			
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11			1			
12				1		
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.				12		
TOTAL CLAIMS			15			

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								